

# Ethical Issues (Conflict of Interest) between the Medical Profession and the Pharmaceutical Industry

C. MESSIS

*President Cyprus Neurological Society*

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The following three recent incidents influenced my decision to bring up this matter for discussion in the EBN/UEMS-SN meeting:

1. The approval by an overwhelming majority of the Council of Delegates of the motion that the president or other officers of EFNS can accept a proposal from a pharmaceutical company to be on the board of one of its educational institutes<sup>1</sup>.
2. The fact that private companies (with possible influence from the pharmaceutical industry) organize CME meetings giving accreditation to participating neurologists<sup>2</sup>.
3. A recent scandal in my country in which a well known neurologist was found to have a secret bank account in another country where he deposited almost £ 150.000 that he received from a pharmaceutical company for the purpose of undertaking a postmarketing survey on one of the interferons for MS. Apparently he never revealed all the details of his agreement to his institution while the patients and the government were covering part of the expenses.

Conflicts of interest exist in every walk of life including medicine and science. There is nothing unethical in finding oneself in such a situation. The key question is whether one recognizes the conflict and how one deals with it.

A conflict of interest in the practice of medi-

cine (e.g. neurology) is a situation in which a professional judgment regarding a primary interest (e.g. patient care, research and education) is unduly influenced by a secondary interest (financial gain, personal prestige, academic promotion etc.). A common situation of such a conflict in private practice is self-referral of patients or referral to facilities where the doctor has a financial connection for examinations that are unnecessary for the sole purpose of financial gain.

The problems of conflicts of interest began to receive serious attention in the medical literature and the professional Codes of Ethics in the last two decades. The main reason being the major influence of business and marketing in the health care field together with the explosion in the progress of medical technology and pharmaceutical industry.

## The role of the pharmaceutical industry

Nobody doubts the positive role that the industry plays in developing more effective drugs and equipment for the benefit of sick people. However, the sky-rocketing costs for research and development of these products together with the fierce competition among the various companies can create ethical dilemmas among health professionals. They appear in the following situations:



1. Offering inappropriate gifts and bonuses to individual physicians (travel, accommodation, entertainment and other expenses)
2. Influencing the content of CME and other educational activities in order to promote their products
3. Manipulating research and its objective reporting with inappropriate financial support and agreements.

### Attitudes of the profession

The attitude of the medical profession toward the above realities varies greatly. Some think they should be altogether prohibited by law, others are more liberal and some think there is nothing wrong with it reflecting the capitalistic entrepreneurial system we live in.

A number of studies have shown that there is no doubt that doctors can be influenced by all this marketing practice in order to prescribe not the most appropriate and cheap medications but the ones that result from all this brainwashing<sup>3</sup>.

### What is the remedy

Professional bodies, academic institutions and the law in various countries, realizing the ill-effects of the above situation on patients and the negative attitude of the public toward the medical profession, have established rules and regulations that can act as checks and balances<sup>4,5</sup>. They consist of three categories:

1. *Disclosure* by a physician of his relationship with the pharmaceutical industry to his patients, organizers and audience of various meetings he is a speaker at and editors of journals.
2. *Review and authorization* from research ethics boards in various institutions where such activities are taking place.
3. *Prohibiting* the acceptance of money and expensive gifts for attendance at meetings, finder's fees and for inappropriate and excessive entertainment. This does not include honoraria for speakers at such meetings and reasonable compensation for extra work of researchers. Covering travel and hotel accommodation for attending important national and international educational meetings is a debatable issue. On the other hand, the organizers of CME events should not be in a position of conflict of interest by virtue of any relationship with companies that fund such events<sup>6</sup>.

Finally, it is encouraging that the International Federation of Pharmaceutical Manufacturers Association (IFPMA) in its Code of Ethics<sup>7</sup> of marketing practices agrees with most of the above principles. The big question, however, still remains unanswered:

How can we achieve the practical implementation of the above principles. Is self-discipline adequate or do we need more strict supervision and punishment for those found guilty? Should EBN/UEMS-SN and EFNS issue guidelines for their members?

### References

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Chris Messis, MD  
6 Ayias Zonis Str.  
Limassol, Cyprus